



## Application for Exemptions from Recycling

Your name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Disability: \_\_\_\_\_

Regular rubbish collection day – *circle one*: MON • TUE • WED • THUR • FRI

List names, date of birth and disability for **all others** living in your household:

Name	Date of Birth	Disability
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain how the disabilities of your household members prevent you and them from **sorting out paper; glass, metal and plastic containers to be recycled, flattening cardboard to 3 feet by 3 feet pieces or from carrying out the bin.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the circumstances that make it impossible for neighbors, relatives, friends, or caretakers to assist you with **recycling and placing the bin on the curb.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information contained in this Application is correct. I understand that, once this Application is submitted, it may take up to **ten business days** to be processed by the Commission for Persons with Disabilities and the Department of Public Works. I understand that my eligibility is subject to periodic review, and that I may be asked to provide medical verification of my disability.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed application to:

**Cambridge Commission for Persons with Disabilities  
51 Inman Street, 2nd floor  
Cambridge, MA 02139**

**PLEASE DO NOT WRITE BELOW THIS LINE**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_